

2011
Plan Review Application for a
Mobile Food Service Unit

Operation Information

(Please Print)

❖ Service Request

Operation Name (Doing Business As): _____
Mobile Unit Operating Location: ☐ Single Site ☐ Multiple Sites/Route (Include all locations with plan submittal.)
Single Site Address: _____ City: _____ Zip: _____
Scope (Briefly describe operation/menu style): _____
Former Name: _____ Unit Type: ☐ Cart ☐ Vehicle ☐ Trailer ☐ Movable Building
Required Information: WA License Plate # _____ VIN # _____ WA L & I Sticker # _____

❖ Plan Check N.O.S. # 2

Plan Review Submittal Fee (Make checks payable to: "SKCDPH")

☐ New Operation (\$764 + \$191/hr after 4 hours) (S602) ☐ Mobile changes (\$382 + \$191/hr after 2 hours) (S611)
☐ Resubmitted Plan (\$191/hr) (S605) ☐ Cost of Service (\$191/hr) (H009)

Ownership Information

❖ Requestor

Are you the new owner? Yes ☐ No ☐
Name(s): First _____ M.I. _____ Last _____
Business Name (Corp, LLC, etc): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone No.'s _____
Fax (Optional): _____ Email (Optional): _____

Applicant Information (If different from owner)

❖ Plan Check

Contact Person (Applicant or Agent) Name(s): _____
First _____ M.I. _____ Last _____
Business Name (Corp, LLC, etc): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone No.'s _____
Fax (Optional): _____ Email (Optional): _____

Commissary Information (Separate Commissary Permit is required for all mobiles.) ❖ Property Information

Business Name: _____
Location/Address: _____ City: _____ State: _____ Zip: _____
Commissary Owner/Contact Person: _____ Phone No.: _____
No.: _____ Fax (Optional): _____ Email (Optional): _____
Sewage: ☐ Sewer ☐ Septic System

Restroom Information (Must provide restroom availability letter for each stop that lasts longer than 1 hour)

❖ SR Info Add Comment Sec.

Business Name: _____
Location/Address: _____ City: _____ State: _____ Zip: _____
Business Owner/Contact Person: _____ Phone No.: _____
Fax (Optional): _____ Email (Optional): _____ Sewage: ☐ Sewer ☐ Septic System

❖ Office Use Only

Date Submitted: _____ Risk Classification: _____ Service Request SR#: _____
Facility Account FA#: _____ Account Receivable AR#: _____ Invoice IN#: _____
Variance SR#: _____ Permit Record PR#: _____ DPD/DDES #: _____
Approval Date: _____ Review Time: _____ Reviewer: _____ Mobile Sticker # _____
Notes: _____

PLAN REVIEW APPLICATION SUBMITTAL

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